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HM32/1023

BRET E. FIELD
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MENLO PARK CA 94025

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Donna Macedo

(Depositor's name)

Donna Macedo

(Signature)

12/19/01

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/472,654	12/27/99	016	CHIN, C	1641 10/23/01
First Named Applicant		35 USC 154(b) term ext. = 0 Days.		

TITLE OF INVENTION IN VIVO HIGH THROUGHPUT TOXICOLOGY SCREENING METHOD

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
1 TOSK-004	424-009.200	N95	UTILITY	YES	\$640.00	01/23/02

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Bret E. Field

2 Bozicevic, Field &

3 Francis

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE TOSK, Inc.

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

Santa Cruz, CA

Please check the appropriate assignee category indicated below (will not be printed on the patent)

individual corporation or other private group entity government

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Issue Fee

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

Bret E. Field (37,620)

(Date)

12.19.01

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12/28/2001 BNGUYEN2 00000054 500815 09472654

01 FC:242 640.00 CH

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